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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Guinea

Proposed UNFPA assistance:	$7.2 million, $6.5 million from regular resources and $700,000 through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Fifth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	4.5	-	4.5
Population and development strategies	1.5	0.7	2.2
Programme coordination and assistance	0.5	-	0.5
Total	6.5	0.7	7.2

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GUINEA

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	31	≥60
Contraceptive prevalence rate (%)[2]	2	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	1.00	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	193.4	≤65
Infant mortality rate (per 1,000 live births)[5]	124	≤50
Maternal mortality ratio (per 100,000 live births)[6]	--	≤100
Adult female literacy rate (%)[7]	22	≥50
Secondary net enrolment ratio (%)[8]	31	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

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[1] Electronic database, World Health Organization, December, 1999.
[2] United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
[3] UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
[4] United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001*
[5] United Nations Population Division, *World Population Prospects: The 1998 Revision*
[6] The World Bank, *World Development Indicators, 2000*.
[7] UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
[8] UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women (*2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	8,274	Annual population growth rate (%)	1.48
Population in year 2015 (000)	11,300	Total fertility rate (/woman)	5.83
Sex ratio (/100 females)	101	Life expectancy at birth (years)	
Age distribution (%)		Males	48.0
Ages 0-14	44.1	Females	49.0
Youth (15-24)	20.1	Both sexes	48.5
Ages 60+	4.4	GNP per capita (U.S. dollars, 1998)	530

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2002-2006 to assist the Government of Guinea in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $7.2 million, of which $6.5 million would be allocated from UNFPA regular resources, to the extent that such resources are available. UNFPA would seek to provide the balance of $700,000 from co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. Guinea is a "Category A" country under UNFPA resource allocation criteria. This would be the Fund's fifth programme of assistance to Guinea.

2. The proposed programme is the outcome of a collaborative programming process involving representatives of the Government, civil society and the private sector as well as donors in the area of population and non-governmental organizations (NGOs). The process, initiated in April 2000, was guided by the recommendations of the midterm review of the fourth UNFPA programme (1997-2001). The Country Population Assessment (CPA) exercise, preliminary to formulation of the country programme, was initiated in November 2000, and a national consensus workshop involving all stakeholders was organized on 30 March 2001 to validate the CPA report and recommendations.

3. The global and sector-specific objectives of the proposed programme have been drawn from the CPA, the Common Country Assessment (CCA), the United Nations Development Assistance Framework (UNDAF), the Guinea Vision 2010 document, and the Poverty Reduction Strategy Paper (PSRP). The main goal of the proposed programme is to contribute to national efforts to improve living conditions by reducing poverty. To reach this goal, the following objectives were identified: (a) developing quality reproductive health services and making them accessible to all social groups; and (b) improving the implementation of population policies and programmes that integrate gender equality and equity concerns.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. According to the 1996 census, Guinea's population was 7.6 million, with an annual growth rate of 3.1 per cent during the inter-censal period 1983-1996. At this rate, the Guinean population would double every 22 years. During the same period, the total fertility rate decreased from 5.8 to 5.5 children per woman, life expectancy at birth increased from 44.3 to 54 years, the infant mortality rate declined from 136.3 to 98 per 1,000 live births, and the maternal

mortality rate fell from 666 to 528 per 100,000 live births. Guinea is one of the 14 poorest countries in the world, with a per capita gross domestic product (GDP) of $590 in 1999 and with 40.3 per cent of the population living below the poverty line.

6. The Guinean population is relatively young: 46 per cent of the population is under 15 years of age. Thirty per cent of the population is urban. Life expectancy at birth is 54 years (52 for men and 56 for women). Only 29 per cent of deliveries take place in a health facility. The median age of marriage is estimated at 16 years for women. In rural areas, 44 per cent of young girls aged 15 to 19 are pregnant or are already mothers, compared to 22 per cent in Conakry. As many as 32 per cent of married men are polygamous, with an average of 2.3 wives, and one woman out of three lives in a polygamous union. The HIV/AIDS prevalence rate is below those of other countries in the subregion, but the disease is spreading and affects all social classes. The number of recorded cases increased from 1,005 in 1997 to 8,477 in 2000.

7. Despite efforts to expand basic health care coverage through the implementation of programmes to support extended vaccinations, primary health care and essential medicines, some basic health indicators remain unfavourable. While 71 per cent of pregnant women have at least one prenatal medical visit, only 35 per cent of deliveries are assisted by trained medical personnel. The prevalence rate of sexually transmitted infections (other than HIV/AIDS) is 7 to 8 per cent among the sexually active population. Moreover, 34 per cent of sexually active women and 65 per cent of sexually active men do not consider themselves to be at risk of HIV infection. This belief contributes to the low use of condoms. In a recent study, only 34 per cent of the men interviewed reported using condoms, and only 9 per cent of women insisted that their partners do so. The high maternal mortality rate is fostered by persistent increases in the number of unsafe abortions, especially among adolescents and young girls, which represent 30 per cent of cases recorded in Conakry and account for 42 per cent of maternal deaths due to complicated septic abortions. Use of family planning methods is low: the contraceptive prevalence rate is 4.9 per cent for modern methods, with big disparities between rural areas (less than 2 per cent) and urban areas (10 per cent). The rate in Conakry is slightly higher – 13 per cent. According to the 1999 demographic and health survey (DHS), 24 per cent of women have family planning needs that are not being met. Contributing to the low contraceptive prevalence rates are frequent contraceptive shortages and limited access to family planning services.

8. Guinea has been seriously challenged by subregional instability. This has resulted in a massive influx of refugees, about 700,000, and an increasing number of displaced persons, up to 150,000 at times.

9. Reproductive health problems affecting adolescents and young people are formidable. Contributing factors include the early onset of sexual activity, the lack of knowledge about the risks associated with sexuality, and the low usage rate of modern contraception. WHO is undertaking a study to assess the reproductive health needs of young people.

10. Guinea ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1982. On the legal front, much progress has been made in protecting the rights of women, including the enactment, in July 2000, of a law on reproductive health. This groundbreaking law includes provisions outlawing the practice of female genital cutting (FGC). Another positive development was the introduction of interventions that foster the empowerment of women. Despite such progress, sociocultural conditions do not favour the empowerment of women in their economic life and do not grant them the means to control their own fertility. According to the 1996 census, the female illiteracy rate is 85 per cent, and 57 per cent of girls who attend school never progress beyond primary school. Women's participation in decision-making bodies remains very limited. Practices such as FGC and the "inheriting" of a widow by a brother of her deceased husband are still prevalent. It is estimated that 98 per cent of women have undergone FGC and 93.3 per cent of young girls have either undergone the procedure or will do so in the future, according to the expressed intention of their mothers.

Previous UNFPA assistance

11. UNFPA's assistance to Guinea began in 1972 with support to mother and child health services. Since 1979, assistance has been provided through comprehensive population programmes, the fourth cycle of which ends in December 2001. To date, UNFPA has provided nearly $19.7 million to Guinea for population and reproductive health activities. The fourth country programme, which provided $9.5 million in assistance, including $7.5 million from UNFPA regular resources, led to some significant achievements.

12. In the area of reproductive health, the programme contributed to the formulation and adoption of the national reproductive health policy and programme, the finalization and dissemination of norms and standards for reproductive health services, and the formulation of a national reproductive health information, education and communication (IEC) strategy. The programme also contributed to the institutional reinforcement of reproductive health outreach services through the establishment of a Reproductive Health Division within the Ministry of Public Health and to the formulation of a three-year plan of action for making the national reproductive health policy and programme operational. Other accomplishments include establishing and equipping five counselling centres for young people; the rehabilitation of 10 health centres; the provision of equipment to 115 health centres, 18 prefectural hospitals, two university hospital maternity centres and five family planning clinics; and the provision of contraceptives. Moreover, the programme supported the formulation and implementation of a continuous training policy for reproductive health; the definition of the terms of reference and the mandate of the counselling centres for young people; and the strengthening of the reproductive health information system.

13. With respect to population and development strategies, the programme made possible the analysis and publication of data from the 1996 population census and carrying out a situation

analysis in the area of reproductive health. The programme also helped institutionalize and expand population education in primary schools. Moreover, the programme contributed to the review of the population policy statement, the institutional strengthening of the Permanent Secretariat of the National Commission for Population and Human Resources (NCPHR), and carrying out a series of surveys, including the 1999 DHS and a survey on adolescent sexuality.

14. In the area of advocacy, most of the activities focused on institutional capacity building and the production of materials to disseminate population- and reproductive health-related laws. The establishment of the network of parliamentarians for population and development and the assistance provided for its sensitization and mobilization activities led to the adoption and enactment of the reproductive health legislation outlawing FGC. Advocacy actions also served to promote equitable access to reproductive health services. Institutional capacity building led to a more favourable environment for the implementation of the national framework for the promotion of women's status and rights.

15. UNFPA's fourth programme in Guinea sometimes suffered from insufficient coordination at both the programme and subprogramme levels. Although the coordination unit succeeded in establishing crucial linkages between sectors involved in the implementation of the reproductive health subprogramme, the institutional capacities for project management, the monitoring of financial inputs and follow-up proved inadequate. This situation led the UNFPA office to increase its involvement in project management and monitoring. The next programme will build on these experiences to strengthen project management and monitoring. The weak institutional framework of some component projects resulted in major delays in the launching of those projects, including those in the areas of adolescent reproductive health and gender. Turnover among professionals involved in the programme was high, and the systems for logistics management and monitoring were inadequate. Similarly, systems for overseeing the supply of contraceptives and essential reproductive health drugs did not run smoothly.

16. In the area of reproductive health, the finalization and implementation of the operational plan of action for the national programme for reproductive health has been delayed. The counselling centres for young people are not fully operational, and the functional relationship with their peer educators has not yet been established. The introduction of quality assurance tools and standards is still in its initial stage, as is the setting-up of emergency obstetric care.

17. In the area of population and development strategies, the national population policy was poorly implemented at the central and regional levels, according to a 1996 review. The regionalization of the programme scheduled for the 1997-2001 cycle did not take place, partly because of the lack of motivation and the high turnover rate among professionals, and the insufficient training of staff. The Permanent Secretariat of the NCPHR, which oversees the coordination of the national population programme, has neither the means nor the appropriate tools for making the programme operational, or for monitoring and coordinating the

implementation of the programme. However, the mandate of the Permanent Secretariat has recently been clarified, and its future role in implementing the national population programme has been clearly defined.

18. In the area of gender equity and equality, the national context remains characterized by poor enforcement of laws and regulatory measures relating to gender equality. There is limited commitment of decision makers and opinion leaders and inadequate technical and institutional capacities. The limited involvement of traditional and modern communication networks in actions aimed at promoting the status of women has also been an issue. A recently completed evaluation of government structures concerned with the promotion of women stressed the need for the establishment of a limited number of centres of excellence to carry out activities in the areas of IEC, family life education, functional literacy and income generation for women.

Other external assistance

19. The World Bank contributes funding for the implementation of activities under the national population programme including the implementation of the DHS; the construction, renovation and equipping of health units; training in reproductive health IEC and counselling for providers of reproductive health clinical services; the establishment of youth counselling centres and the training of peer educators; the production of IEC materials; the supply of equipment and contraceptives; and analysis of the results of the 1996 population census.

20. UNICEF, UNDP and WHO provide funding according to their respective mandates to the following activities: maternal and child health promotion and maternal mortality reduction; education and micronutrient supplementation; support to the national primary health-care programme; dissemination of the results of the 1996 population census; social mobilization for the national programme for human development; and the national AIDS control programme.

21. The United States Agency for International Development (USAID) provides funding for reproductive health activities in two prefectures. These activities focus on family planning, safe motherhood, the integrated management of childhood diseases, the procurement of contraceptives and logistics management, IEC and social mobilization, and reproductive health for adolescents and youths. USAID also contributed to the funding of the 1999 DHS and supports an NGO-implemented project for the social marketing of reproductive health products in collaboration with the German Kreditanstalt für Wiederaufbau (KfW).

22. The Guinean Association for Family Welfare, an affiliate of the International Planned Parenthood Federation, offers reproductive health, including family planning, services in its clinics located in five major towns. The association also organizes training for health personnel in its referral clinics and supervises the activities of the adolescent counselling centres as well as the peer educator networks.

Proposed programme

23. The overall goal of the proposed programme is stated in paragraph 3 above. Activities would focus on two areas of intervention – reproductive health and population and development strategies – within which advocacy and IEC activities would be integrated.

24. The launching of the sector-wide approach (SWAp) in the area of health has already begun through the CCA and UNDAF. The proposed programme will help strengthen this approach through support for the national AIDS control programme, the establishment of emergency obstetric services to reduce maternal mortality, the integration of reproductive health components into the training curricula of the School of Medicine and health schools, the conduct of the 2003 DHS, and the implementation of projects for displaced and refugee populations within the framework of the United Nations Consolidated Appeal Process.

25. Reproductive health. The purpose of the reproductive health subprogramme is to contribute, by the year 2006, to the development of quality reproductive health services accessible to all social groups. Apart from activities related to IEC and to the management of the reproductive health needs of displaced and refugee populations, the proposed programme will mainly focus on Lower Guinea, Middle Guinea and the region of Conakry. This zone covers a population of 4.2 million inhabitants, representing 58.6 per cent of the country's total population. The zone has 227 health units, including two university hospitals, four regional hospitals, 18 prefectural hospitals, four communal medical centres and 199 health centres. The reproductive health subprogramme would support actions relating to reproductive health commodity security as well as ones carried out as part of the SWAp.

26. The first expected output of the subprogramme would be increased availability of quality reproductive health services in the regions where the programme will be carried out. This would be achieved by: (a) strengthening the technical and managerial capacities of the National Directorate of Public Health; (b) popularizing and implementing the operational plan of action of the national reproductive health programme; (c) expanding the coverage of reproductive health services by integrating a minimum package of services into different levels of the health system; (d) introducing quality assurance tools and norms at all levels; (e) making operational the national reproductive health IEC strategy and training personnel in interviewing and counselling techniques; and (f) implementing the strategy for continuous training in reproductive health.

27. Reproductive health services would also focus on strengthening efforts to prevent and manage sexually transmitted infections (STIs), including HIV/AIDS. The programme will support the implementation of the medium-term work plan of the national AIDS control programme, reinforcing efforts to galvanize community responses to HIV/AIDS. Community-based efforts will include grass-roots sensitization efforts directed at youth and women's associations; the promotion and distribution of condoms; and support to people infected with or

affected by HIV. Moreover, the programme will promote the use of the syndromic approach of STI diagnosis and treatment in health units and will implement an HIV prevalence survey.

28. Within the framework of the United Nations Consolidated Appeal Process, interventions will be designed for managing the reproductive health needs of displaced and refugee populations. These activities will be carried out through: (a) launching, in a timely manner, projects on an emergency basis in areas under conflict outside the programme coverage area, using funds mobilized within the framework of the Consolidated Appeal; and (b) developing activities for strengthening reproductive health services during periods of post-conflict and stabilization in areas that are covered by the programme.

29. The second expected output would be the development of reproductive health services to meet the specific needs of adolescents and youths. This would be achieved through: (a) establishing seven youth counselling and orientation centres in Conakry and in the regions of Lower and Middle Guinea; (b) incorporating adolescent and youth reproductive health needs management into public health units through training in interviewing and counselling techniques; (c) reinforcing and extending IEC and grass-roots sensitization activities by the coordinating body of Guinean youth associations and affiliated structures; and (d) establishing peer educator networks and encouraging them to work with the different youth centres. The programme would support activities designed to prevent and manage STIs, including HIV/AIDS, through community mobilization and sensitization efforts by youth associations, the promotion and distribution of condoms by peer educator networks, and STI diagnosis and treatment in health units and youth centres.

30. The third expected output would be the development of interventions to reduce the high maternal mortality rate. Contributing to this output would be the establishment of emergency obstetric care in four health districts. This activity was already successfully carried out on a pilot basis in the health district of Dabola. Another key intervention would be integrating a post-abortion care component into four maternity hospitals in Conakry and in four regional hospitals. In addition, post-abortion counselling and contraception services (including long-term contraceptive methods) would be introduced into the same eight hospitals. A continuous training programme in emergency obstetric care and post-abortion care would be formulated with two university hospitals, and health-care providers would be trained in these areas.

31. The above interventions will be carried out in partnership with UNICEF, which has already successfully implemented a pilot project for emergency obstetric care in the Dabola health district, and with the World Bank, within the framework of its reproductive health project. The proposed partnership aims to capitalize on the comparative advantages of the three agencies to extend emergency obstetric care to other health districts. UNICEF will provide data for the selection of target districts and training modules. Supervisory tools developed in the Dabola pilot phase will be used to facilitate the extension. UNFPA will support training in emergency

obstetric care, post-abortion care and long-term contraceptive methods. In addition, UNFPA support will help provide additional equipment, create a pool of trainers at the School of Medicine and two other training facilities, and supervise training activities carried out by the School of Medicine. The World Bank will provide support for renovation of infrastructure.

32. The fourth expected output would be improved knowledge and implementation of reproductive health rights. This product would be realized through: (a) conducting information, sensitization and advocacy activities with stakeholders concerned with the adoption and promulgation of the reproductive health law; (b) disseminating the provisions of the reproductive health law, especially those relating to FGC; and (c) informing and sensitizing women's groups on the provisions of the law and on the exercise of reproductive health rights.

33. The Ministry of Public Health has estimated the cost of contraceptive requirements over the 2002-2006 period to be $1.4 million. During the previous programme, support was provided for the establishment of a contraceptive logistics management system, which will be operational in 2002. Contraceptives will be provided by UNFPA (including through funding from the Governments of the Netherlands and the United Kingdom), the World Bank and USAID.

34. Population and development strategies. The population and development strategies subprogramme aims to improve, by the year 2006, the implementation of population policies and programmes incorporating gender equality and equity issues. Activities under the population and development subprogramme activities will have national coverage.

35. The first expected output of the subprogramme would be enhanced capacity at the national and regional levels for the implementation and management of population programmes and for incorporating the gender dimension into these programmes. To that end, the proposed programme plans to support the training of members of the Permanent Secretariat of the NCPHR and those of its decentralized structures. Training will focus on methodologies for programme design, coordination, monitoring and evaluation. Assistance will be provided for: (a) reviewing the national population programme over the period 2002-2006; (b) reinforcing the institutional mechanisms for coordination, monitoring and evaluation of the national population programme at the central and regional levels; (c) evaluating the implementation of the national population policy over the period 1996-2006; (d) establishing, at the national level, a management database for the implementation of the national population policy; and (e) establishing, on a pilot basis, a database to monitor implementation of the national population policy at the regional level. The programme also provides for carrying out the 2003 DHS and the mobilization of resources for funding the 2006 population census.

36. The second expected output would be increased national capacity for integrating population dimension into activities aimed at promoting the status of women. To that end, the programme will provide support for the efficient implementation of the framework for gender

and development. Such support will be directed at: (a) institutional strengthening; (b) the incorporation of population, gender and reproductive health issues into the activities of centres for women and girls; (c) the incorporation of family life and population education components into the activities centres for women and girls and women's associations and groups; and (d) promoting the education of young girls.

37. The third expected output would be the creation of a group of decision makers and opinion leaders to act as advocates on behalf of the population programme. This commitment would be nurtured by: (a) mobilizing members of the National Population Commission to support the family code; (b) sensitizing local elected representatives, members of civil society and religious leaders on the family code; (c) sensitizing the public and private sectors as well as civil society on the need for funding the national population programme; (d) building the capacities of NGOs and national associations to advocate on behalf of gender equality and equity; and (e) building the capacity of journalists to sensitize the public on population issues.

Programme implementation, coordination, monitoring and evaluation

38. Implementation of the programme will be carried out by various ministries and NGOs active in the fields of population, reproductive health and gender. Programme components will be primarily executed at the national level, with the involvement of national NGOs. The programme's implementation will be coordinated by the Permanent Secretariat of the NCPHR.

39. Each subprogramme will be supported by a technical team made up of national experts and one administrative support staff member. The support office for reproductive health subprogramme coordination, which proved successful during the previous programme, will be extended to the population and development strategies subprogramme as well. Thus, each support office will assist the Government in the planning, monitoring and management of the different components of the subprogramme under its jurisdiction. The support offices will each be managed by a national coordinator, who will be assisted by a finance and administrative assistant recruited by UNFPA. Furthermore, the reproductive health subprogramme will have one national expert in IEC, and the population and development strategies subprogramme will have two national experts, one in advocacy and one in monitoring and evaluation.

40. Coordination of the reproductive health subprogramme will be overseen by the Ministry of Public Health through a coordinating committee. This coordinating committee will include the UNFPA Representative, the national subprogramme coordinator, managers of the different component projects, and representatives from the different agencies and NGOs involved in the implementation of component project activities. The secretariat of the coordinating committee will be managed by the Reproductive Health Division of the Ministry of Public Health.

41. The coordination of the population and development strategies subprogramme will be undertaken by the State Secretariat for Planning through the National Directorate for Planning. A coordinating committee for the subprogramme will be established and will consist of the UNFPA Representative, the national subprogramme coordinator, those responsible for component projects, and representatives of implementing and executing agencies for component projects. Activities related to building capacities to implement and manage programmes incorporating the gender dimension will be carried out by the Permanent Secretariat of the NCPHR and the National Directorate of Statistics. Activities related to developing capacities to promote the advancement of women will be implemented by the National Directorate for the Promotion of Women.

42. At the level of the UNFPA country office, the UNFPA Representative, assisted by local staff (two National Programme Officers, one national finance assistant and support personnel), will be responsible for monitoring and managing the programme. Monitoring, technical assistance and evaluation activities will be provided to support the programme. An amount of $500,000 from regular resources is earmarked for funding support activities for the programme.

43. Annual reviews of component projects and a midterm review of the programme will provide opportunities to make any necessary adjustments. The entire programme will be evaluated in 2006. Technical assistance plans will be prepared and executed with inputs from NGOs, the Country Technical Services Team based in Dakar, and various institutions within the United Nations system. Quarterly coordination meetings, including those with project managers, will also be held.

Recommendation

44. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Guinea as presented above, in the amount of $7.2 million for the period 2002-2006, of which $6.5 million would come from UNFPA regular resources to the extent such resources are available, and the balance of $700,000 would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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